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## UNITED STATES PATENT AND TRADEMARK OFFICE

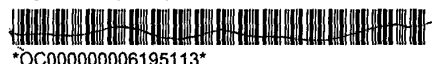
COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
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APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
09/841,850	04/25/2001	Banning W. Lary	70796.01

22509  
INTERVENTIONAL TECHNOLOGIES INC  
3574 RUFFIN ROAD  
SAN DIEGO, CA 92123

CONFIRMATION NO. 5817

## FORMALITIES LETTER



\*OC000000006195113\*

Date Mailed: 06/18/2001

## NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)


*Filing Date Granted*

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- Total additional claim fee(s) for this application is \$72.
  - \$72 for 13 total claims over 20.
- The oath or declaration is missing.

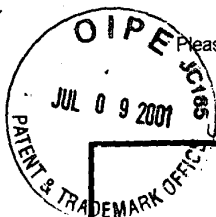
*A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.*
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$65 for a small entity in compliance with 37 CFR 1.27, must be submitted with the missing items identified in this letter.
- **The balance due by applicant is \$ 137.**

*A copy of this notice **MUST** be returned with the reply.*

  
Customer Service Center  
Initial Patent Examination Division (703) 308-1202

PART 1 - ATTORNEY/APPLICANT COPY

07/12/2001 AZERGH1 00000008 09841850  
01 FC:205 65.00 DP  
02 FC:203 72.00 DP



Please type a plus sign (+) in this ☐ + ☐

PTO/S&Z/21 (08-00)  
Approved for use through 10/31/2002. OMB 0651-0031  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	<b>Application Number</b>	09/841,850
	<b>Filing Date</b>	4/25/01
	<b>First Named Inventor</b>	Lary
	<b>Group Art Unit</b>	
	<b>Examiner Name</b>	
<b>Total Number of Pages in this Submission</b>	4	<b>Attorney Docket Number</b> 70796.01

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/ Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application	<b>Remarks</b>	
<input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>		
Firm or Individual Name	Michael E. Klicpera, Esq.	
Signature	<i>Michael E. Klicpera</i>	
Date	7/6/01	

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date: <u>7/6/01</u>			
Typed or printed name	Bernadette Salinas		
Signature	<i>Bernadette Salinas</i>	Date:	7/6/01

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**FEE TRANSMITTAL**  
**for FY 2001**

JUL 0 9 2001

Patent fees are subject to annual revision.

**Complete if Known**

Application Number	09/841,850
Filing Date	4/25/01
First Named Inventor	Lary
Examiner Name	
Group Art Unit	
Attorney Docket No.	70796.01

**TOTAL AMOUNT OF PAYMENT****(\$)** 137**METHOD OF PAYMENT**

- 1.
- ☐
- The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit  
Account  
NumberDeposit  
Account  
Name

- ☐
- Charge Any Additional Fee Required
- 
- Under 37 CFR 1.16 and 1.17

- ☒
- Applicant claims small entity status.
- 
- See 37 CFR 1.27

- 2.
- ☒
- Payment Enclosed:

☒ Check☐ Credit card☐ Money  
Order☐ Other**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
101 710	201 355	Utility filing fee	
106 320	206 160	Design filing fee	
107 490	207 245	Plant filing fee	
108 710	208 355	Reissue filing fee	
114 150	214 75	Provisional filing fee	

**SUBTOTAL(1)****(\$)****2. EXTRA CLAIM FEES**

Fee from

Extra Claims

below

Fee paid

Total Claims

-20\*\* =

X

=

=

Independent Claims

-3\*\* =

X

=

=

Multiple Dependent  
Claims

=

=

Large Entity Small Entity

Fee Fee Fee Fee Fee Description

Code (\$)	Code (\$)	Code (\$)	Code (\$)	Fee Description
103 18	203 9			Claims in excess of 20
102 80	202 40			Independent claims in excess of 3
104 270	204 135			Multiple dependent claim, if not paid
109 80	209 40			**Reissue independent claims over original patent
110 18	210 9			**Reissue claims in excess of 20 and over original patent

**SUBTOTAL(2)****(\$)**

\*\*or number previously paid, if greater; For Reissues, see above

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65			Surcharge - late filing fee or oath	65
127 50	227 25			Surcharge - late provisional filing fee or cover sheet.	
139 130	139 130			Non-English specification	
147 2,520	147 2,520			For filing a request for <i>ex parte</i> reexamination	
112 920*	112 920*			Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*			Requesting publication of SIR after Examiner action	
115 110	215 55			Extension for reply within first month	
116 390	216 195			Extension for reply within second month	
117 890	217 445			Extension for reply within third month	
118 1,390	218 695			Extension for reply within fourth month	
128 1,890	228 945			Extension for reply within fifth month	
119 310	219 155			Notice of Appeal	
120 310	220 155			Filing a brief in support of an appeal	
121 270	221 135			Request for oral hearing	
138 1,510	138 1,510			Petition to institute a public use proceeding	
140 110	240 55			Petition to revive - unavoidable	
141 1,240	241 620			Petition to revive - unintentional	
142 1,240	242 620			Utility issue fee (or reissue)	
143 440	243 220			Design issue fee	
144 600	244 300			Plant issue fee	
122 130	122 130			Petitions to the Commissioner	
123 50	123 50			Petitions related to provisional applications	
126 240	126 240			Submission of Information Disclosure Stmt	
581 40	581 40			Recording each patent assignment per property (times number of properties)	
146 710	246 355			Filing a submission after final rejection (37 CFR 1.129(a))	
149 710	249 355			For each additional invention to be Examined (37 CFR 1.129(b))	
179 710	279 355			Request for Continued Examination (RCE)	
169 900	169 900			Request for expedited examination of a design application	
Other fee (specify) Additional Claim Fee					72

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL(3)****(\$)** 137**SUBMITTED BY**

Complete (if applicable)

Name (Print/Type)

Michael E. Klicpera, Esq.

Registration No.  
(Attorney/Agent)

38,044

Telephone

(858) 268-4488

Signature

Michael E. Klicpera

Date 7/6/01

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